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## BIB DATA SHEET

CONFIRMATION NO. 8365

<b>SERIAL NUMBER</b> 10/057,202	<b>FILING or 371(c) DATE</b> 01/23/2002 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> Q055
<b>APPLICANTS</b> M. Reza Movahed, Newport Beach, CA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/263,865 01/23/2001 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 03/04/2002				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /PARIKHA SOLANKI MEHTA/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 54 45
<b>ADDRESS</b> M. REZA MOVAHED 5 S SANTA TERESITA IRVINE, CA 92606 UNITED STATES			<b>INDEPENDENT CLAIMS</b> 87 PSM PSM	
<b>TITLE</b> Method and apparatus to remove substances from vessels of the heart and other parts of the body to minimize or avoid renal or other harm or dysfunction				
<b>FILING FEE RECEIVED</b> 1666	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	